



**The Commonwealth of Massachusetts
Executive Office of Public Safety and Security**

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2016

Agency Name:

MA State Police

Name of Chief, Commissioner, or Agency Head:

Colonel Richard D. McKeon

Name of Individual Completing Report:

Major Anthony E. Thomas

Contact Telephone:

Ext.

(508) 923-4007

Contact Email:

anthony.thomas@MassMail.state.ma

Date Submitted: mm/dd/yyyy

07/18/2016

Semi-Annual Reporting Period	Time Period	Report Due Date
<input checked="" type="radio"/> 1st	January 1, 2016 – June 30, 2016	July 31, 2016
<input type="radio"/> 2nd	July 1, 2016 – December 31, 2016	January 31, 2017

Important!

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Timothy Edson at 617.725.0260
- Contact Timothy Edson by phone (617.725.3352) or via email (ecw@MassMail.State.MA.US) with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

2,213

2. How many sworn officers have completed the approved training program for ECWs to date?
Include all part-time, full-time, reserve and other officers employed by your department.

652

3. How many ECWs does your department own?

901

4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

630

5. How many ECW involved *incidents* occurred during this reporting period?

23

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank.
Submit entire form.



PART II. INCIDENT LEVEL INFORMATION

DEFINITIONS FOR SECTION II

ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

1) Any direct wording to a subject indicating or implying that an ECW will be used:

Example: Holding ECW up and shouting, "Stop!"

2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

Example: A warning to other officers that an ECW is about to be deployed:

"Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

ECW Deployment Types

- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- **Stun Deployment** – the drive stun function of the ECW is utilized.



1	2	3	4	5	6		7		8	
Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning		Laser Warning		Spark Warning	
List the incident number sequentially (1, 2, 3). Do not list in-house incident numbers For incidents with more than one officer use same incident number and chronological letter suffix.	List the serial number of the ECW/ weapon that was involved	Indicate the color of the ECW device.	List the date in which the ECW incident occurred.	Was an ECW warning given at any point during the incident?	a. Was a verbal/ visual warning given?	b. Did subject submit to verbal/ visual warning?	a. Was a laser warning given?	b. Did subject submit to laser warning?	a. Was a spark warning given?	b. Did subject submit to spark warning?
EX 1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No		No	
EX 1a	C23456	Black	01/02/2015	No						
EX 2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
01	1		03/25/2016	Yes	No		Yes	No	No	
02	2		03/12/2016	Yes	Yes	No	Yes	Yes	No	
03	3		03/11/2016	Yes	Yes	No	Yes	No	No	
04	4		03/19/2016	Yes	Yes	No	Yes	No	No	
05	5		04/05/2016	Yes	Yes	No	Yes	No	No	
06	6		03/17/2016	Yes	No		Yes	Yes	No	
07	7		03/19/2016	Yes	No		Yes	Yes	No	
08	8		03/13/2016	Yes	Yes	No	No		No	
09	9		04/08/2016	Yes	Yes	No	Yes	Yes	No	
10	10		03/12/2016	Yes	Yes	No	Yes	Yes	No	
11	11		04/08/2016	Yes	Yes	No	Yes	No	No	

Line number	9 Submission	10 Probe Deployments			11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	a. Indicate the number of 2 dart probe deployments.	b. Indicate the number of 5 second cycle deployments.	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin	Subject date of birth Leave blank if unknown.	
	<p>If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident?</p> <p>Select: Yes or No</p>				<p>Select: Yes or No</p>	<p>Select: Male Female Non-Human (i.e. dog) If Non-human</p>	<p>Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown</p>	mm/dd/yyyy	
EX	No	0			2	Yes	White	05/10/1965	
EX		1	3	Yes	0	Male	White	05/10/1965	
EX	Yes	0			0	Female	American Indian/Alaska Native	12/01/1948	
01	No	0			0	Female	Asian	11/15/1973	
02	Yes	0			0	Male	White	02/13/1996	
03	No	0			2	Male	White	11/12/1978	
04	No	0			1	Male	Black	03/18/1989	
05	No	1	1	Yes	0	Male	White	04/12/1983	
06	Yes	0			0	Male	Hispanic or Latii	12/21/1986	
07	Yes	0			0	Male	Black	09/28/1989	
08	No	0			0	Male	White	11/02/1990	
09	Yes	0			0	Male	Black	07/21/1984	
10	Yes	0			0	Male	Hispanic or Latii	02/22/1991	
11	No	2	2	Yes	0	Male	Hispanic or Latii	08/11/1962	



Need more pages?

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

1	2	3	4	5	6		7		8	
Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning		Laser Warning		Spark Warning	
List the incident number sequentially (1, 2, 3). Do not list in-house incident numbers. For incidents with more than one officer use same incident number and chronological letter suffix.	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the incident occurred. mm/dd/yyyy	Was an ECW warning given at any point during the incident? Select: Yes or No If No, skip to question 10	a. Was a verbal/visual warning given?	b. Did subject submit to verbal/visual warning?	a. Was a laser warning given?	b. Did subject submit to laser warning?	a. Was a spark warning given?	b. Did subject submit to spark warning?
EX 1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No
EX 1b	C23456	Black	01/02/2015	No	No	No	No	No	No	No
EX 2	T1234DE	Yellow	02/05/2016	Yes	No	No	Yes	Yes	Yes	Yes
01			04/13/2016	Yes	Yes	No	Yes	No	No	No
02			04/27/2016	Yes	Yes	No	Yes	Yes	No	No
03			04/26/2016	Yes	Yes	No	Yes	Yes	No	No
04			05/03/2016	No						
05			05/15/2016	Yes	Yes	No	Yes	No	No	No
06			05/14/2016	Yes	Yes	No	No		No	No
07			05/14/2016	Yes	Yes	No	No	No	No	No
08			04/17/2016	Yes	Yes	No	Yes	No	Yes	Yes
09			04/17/2016	Yes	Yes	No	Yes	No	Yes	Yes
10			05/18/2016	Yes	Yes	No	Yes	No	Yes	Yes
11			05/23/2016	Yes	Yes	No	Yes	Yes	No	No

Line number	9 Submission	10 Probe Deployments			11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
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	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? Select: Yes or No					Select: Male Female Non-Human (i.e. dog) If Non-human	Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	mm/dd/yyyy	
EX	No	0			2	Yes	White	05/10/1965	
EX		1	Yes	0	0	Male	White	05/10/1965	
EX	Yes	0		0	0	Female	American Indian/Alaska Native	12/01/1948	
01	No	0			0	Male	White	06/13/1974	
02	Yes	0			0	Female	White	11/08/1971	
03	Yes	0			0	Male	Hispanic or Latin	06/20/1988	
04		0		4	Yes	Male	White	08/15/1962	
05	No	1	No	0		Male	White	07/03/1971	
06	No	0		0		Female	White	03/24/1983	
07	No	0		0		Female	White	03/24/1983	
08	Yes	0		0		Male	White	07/31/1988	
09	Yes	0		0		Male	White	07/31/1988	
10	Yes	0		0		Male	Black	05/11/1978	
11	Yes	0		0		Male	White	08/20/1977	



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2. How many sworn officers have completed the approved training program for ECWs to date?
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4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?
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5. How many ECW involved *incidents* occurred during this reporting period?

23

- See next page for definition of an *ECW incident*.
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	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? Select: Yes or No	a. Indicate the number of 2 dart probe deployments. b. Indicate the number of 5 second cycle deployments. Select: Yes or No (If 0, enter 0 and skip to question 11)	a. Indicate the number of stun deployments. b. Did subject submit to stun deployments? Select: Yes or No (If 0, enter 0 and skip to question 12)	Select: Male Female Non-Human (i.e. dog) If Non-human  	Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	Subject date of birth Leave blank if unknown. mm/dd/yyyy
EX	No	0	2	Yes	Male	White
EX		1	0	Yes	Male	White
EX	Yes	0	0	Female	American Indian/Alaska Native	12/01/1948
01	Yes	0	0	Male	Hispanic or Latii	09/08/1958
02	Yes	0	0	Male	Black	05/13/1984
03	No	0	1	Yes	Male	Hispanic or Latii
04						
05						
06						
07						
08						
09						
10						
11						



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9	10	11	12	13	14
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EX	No	0	2	White	05/10/1965
EX	1	3	0	White	05/10/1965
EX	0	0	0	American Indian/Alaska Native	12/01/1948
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					



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01/30/2017

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889

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1,295

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889

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38

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	1	2	3	4	5	6		7		8	
	Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning		Laser Warning		Spark Warning	
	List the incident number sequentially (1,2,3). Do not list in-house incident numbers For incidents with more than one officer use same incident number and chronological letter suffix.	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the incident occurred. mm/dd/yyyy	Was an ECW warning given at any point during the incident?	a. Was a verbal/visual warning given?	b. Did subject submit to verbal/visual warning?	a. Was a laser warning given?	b. Did subject submit to laser warning?	a. Was a spark warning given?	b. Did subject submit to spark warning?
					Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No	Select: Yes or No If No, skip to question 8	Select: Yes or No	Select: Yes or No If No, skip to question 9	Select: Yes or No
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	Yes
EX	1b	C23456	Black	01/02/2015	No	No	No	No	No	No	No
EX	2	11234DE	Yellow	02/05/2015	Yes	No	No	Yes	Yes	Yes	Yes
01	1			07/04/2016	Yes	Yes	No	Yes	No	Yes	Yes
02	2			07/07/2016	Yes	Yes	No	Yes	Yes	No	
03	3			06/25/2016	Yes	Yes	No	No	No	No	
04	3b			06/25/2016	Yes	Yes	No	No	No	No	
05	4			07/12/2016	Yes	Yes	No	Yes	No	No	
06	5			07/10/2016	Yes	Yes	No	Yes	No	Yes	No
07	6			07/17/2016	Yes	Yes	Yes	Yes	Yes	No	
08	7			05/20/2016	Yes	Yes	No	No	No	No	
09	8			01/18/2016	Yes	Yes	No	Yes	No	No	
10	9			07/07/2016	Yes	No	No	Yes	Yes	No	
11	10			07/24/2016	Yes	Yes	No	Yes	No	Yes	No


Line number	9 Submission	10 Probe Deployments	11 Stun Deployments	12 Subject Sex	13 Subject Race	14 DOB
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? Select: Yes or No	a. Indicate the number of 2 dart probe deployments. (If 0, enter 0 and skip to question 11)	a. Indicate the number of stun deployments. (If 0, enter 0 and skip to question 12)	Select: Male Female Non-Human (i.e. dog) If Non-human <div>   </div>	With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	Subject date of birth Leave blank if unknown. mm/dd/yyyy
EX	No	0	2	Male	White	05/10/1965
EX		1	0	Male	White	05/10/1965
EX	Yes	0	0	Female	American Indian/Alaska Native	12/01/1948
01	Yes			Male	White	06/18/1966
02	Yes			Male	Hispanic or Latin	08/26/1986
03	No			Male	White	06/04/1980
04	No			Male	White	06/04/1980
05	No		1	Male	Black	05/17/1967
06	No	1		Male	White	03/11/1967
07	Yes			Male	White	03/09/1993
08	No	2		Male	Unknown	10/12/1995
09	No	1		Male	White	02/14/1985
10	Yes			Male	White	10/08/1982
11	No	2		Male	Black	10/10/1959



Need more pages?

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	1	2	3	4	5	6		7		8	
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					Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No If No, skip to question 7	Select: Yes or No If No, skip to question 8	Select: Yes or No If No, skip to question 9	Select: Yes or No If No, skip to question 9	Select: Yes or No If No, skip to question 9
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No
EX	1b	C23456	Black	01/02/2015	No	No	No	No	No	No	No
EX	2	11234DE	Yellow	02/05/2015	Yes	No	No	Yes	Yes	Yes	Yes
01	11			07/11/2016	Yes	Yes	No	Yes	No	No	
02	12			08/01/2016	Yes	Yes	No	Yes	No	Yes	Yes
03	13			08/14/2016	Yes	Yes	No	Yes	No	Yes	No
04	14			08/21/2016	Yes	Yes	No	Yes	No	No	
05	15			08/22/2016	Yes	Yes	No	Yes	No	No	
06	16			08/29/2016	Yes	Yes	No	No	No	No	
07	17			09/04/2016	Yes	Yes	No	Yes	Yes	No	
08	18			09/02/2016	Yes	Yes	No	Yes	No	Yes	No
09	19			08/20/2016	Yes	Yes	No	Yes	No	Yes	No
10	19b			08/20/2016	Yes	Yes	No	Yes	No	No	
11	20			08/19/2016	Yes	Yes	No	Yes	No	Yes	Yes

Line number	9 Submission	10 Probe Deployments			11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	a. Indicate the number of 2 day probe deployments.	b. Indicate the number of 5 second cycle deployments.	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin	Subject date of birth Leave blank if unknown.	
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EX		1	Yes	0		Male	White	05/10/1965	
EX	Yes	0		0		Female	American Indian/Alaska Native	12/01/1948	
01	No					Female	Unknown	12/03/1996	
02	Yes					Female	Hispanic or Latii	10/21/1991	
03	No	1	Yes			Male	White	08/27/1968	
04	No					Male	White	11/12/1987	
05	No	1	Yes	2		Male	White	07/06/1984	
06	No			1	Yes	Female	Black	04/08/1987	
07	Yes					Male	White	11/28/1979	
08	No	1	Yes	1		Male	Hispanic or Latii	02/15/1996	
09	No					Male	Black	03/28/1990	
10	No					Male	Black	03/28/1990	
11	Yes					Female	Black	03/20/1990	



**The Commonwealth of Massachusetts
Executive Office of Public Safety and Security**

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2016

Agency Name:

MA State Police

Name of Chief, Commissioner, or Agency Head:

Colonel Richard D. McKeon

Name of Individual Completing Report:

Major Anthony E. Thomas

Contact Telephone:

Ext.

(508) 923-4007

Contact Email:

anthony.thomas@massmail.state.ma

Date Submitted: mm/dd/yyyy

01/30/2017

Semi-Annual Reporting Period	Time Period	Report Due Date
<input type="radio"/> 1st	January 1, 2016 – June 30, 2016	July 31, 2016
<input checked="" type="radio"/> 2nd	July 1, 2016 – December 31, 2016	January 31, 2017

Important!

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only.*
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Timothy Edson at 617.725.0260
- Contact Timothy Edson by phone (617.725.3352) or via email (ecw@MassMail.State.MA.US) with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

2,166

2. How many sworn officers have completed the approved training program for ECWs to date?
Include all part-time, full-time, reserve and other officers employed by your department.

889

3. How many ECWs does your department own?

1,295

4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

889

5. How many ECW involved incidents occurred during this reporting period?

38

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank.
Submit entire form.



PART II. INCIDENT LEVEL INFORMATION

DEFINITIONS FOR SECTION II

ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

1) Any direct wording to a subject indicating or implying that an ECW will be used:

Example: Holding ECW up and shouting, "Stop!"

2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

Example: A warning to other officers that an ECW is about to be deployed:

"Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

ECW Deployment Types

- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- **Stun Deployment** – the drive stun function of the ECW is utilized.





	1	2	3	4	5	6		7		8	
	Incident Number	Weapon Serial Number	Weapon Color	Date of Incident	Warning	Verbal/Visual Warning		Laser Warning		Spark Warning	
	List the incident number sequentially (1,2,3). Do not list in-house incident numbers For incidents with more than one officer use same incident number and chronological letter suffix.	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the incident occurred. mm/dd/yyyy	Was an ECW warning given at any point during the incident? Select: Yes or No If No, skip to question 10	a. Was a verbal/visual warning given? Select: Yes or No If No, skip to question 7	b. Did subject submit to verbal/visual warning? Select: Yes or No	a. Was a laser warning given? Select: Yes or No If No, skip to question 8	b. Did subject submit to laser warning? Select: Yes or No	a. Was a spark warning given? Select: Yes or No If No, skip to question 9	b. Did subject submit to spark warning? Select: Yes or No
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No	No	No	No
EX	1b	C23456	Black	01/02/2015	No						
EX	2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
01	21			09/05/2016	Yes	Yes	No	Yes	No	No	
02	22			08/05/2016	Yes	Yes	No	Yes	Yes	No	
03	23			09/21/2016	Yes	Yes	No	Yes	No	No	
04	24			09/05/2016	Yes	Yes	No	Yes	Yes	No	
05	25			10/20/2016	Yes	Yes	No	Yes	No	No	
06	26			08/30/2016	Yes	Yes	No	Yes	No	No	
07	27			05/23/2016	Yes	Yes	No	Yes	Yes	No	
08	27b			05/23/2016	Yes	Yes	No	Yes	Yes	No	
09	28			05/24/2016	Yes	Yes	No	Yes	No	Yes	No
10	29			06/03/2016	Yes	Yes	No	Yes	No	Yes	Yes
11	30			09/03/2016	Yes	Yes	No	Yes	Yes	No	

Line number	9	10			11		12	13	14
	Submission	Probe Deployments			Stun Deployments		Subject Sex	Subject Race	DOB
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? Select: Yes or No	a. Indicate the number of 2 dart probe deployments. (If 0, enter 0 and skip to question 11)	b. Indicate the number of 5 second cycle deployments	c. Did subject submit to probe deployments? Select: Yes or No	a. Indicate the number of stun deployments. (If 0, enter 0 and skip to question 12)	b. Did subject submit to stun deployments? Select: Yes or No	Select: Male Female Non-Human (i.e. dog) If Non-human	With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	Subject date of birth Leave blank if unknown.
EX	No	0			2	Yes	Male	White	05/10/1965
EX		1	3	Yes	0		Male	White	05/10/1965
EX	Yes	0			0		Female	American Indian/Alaska Native	12/01/1948
01	No	2	5	Yes			Male	Black	05/18/1981
02	Yes						Male	White	10/07/1982
03	No				1	Yes	Male	Hispanic or Latir	05/21/1995
04	Yes						Male	Black	01/16/1985
05	No	1	1	Yes			Male	White	03/21/1950
06	No						Male	Hispanic or Latir	10/18/1960
07	Yes						Male	Black	07/16/1989
08	Yes						Male	Black	07/16/1989
09	No						Male	Black	10/20/1983
10	Yes						Male	Hispanic or Latir	09/06/1991
11	Yes						Male	Hispanic or Latir	02/26/1998



Need more pages?

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

Line number	9 Submission	10 Probe Deployments	11 Stun Deployments	12 Subject Sex	13 Subject Race	14 DOB
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? Select: Yes or No	a. Indicate the number of 2 dart probe deployments. b. Indicate the number of 5 second cycle deployments. c. Did subject submit to probe deployments? Select: Yes or No	a. Indicate the number of stun deployments. b. Did subject submit to stun deployments? Select: Yes or No	Select: Male Female Non-Human (i.e. dog) If Non-human <div>   </div>	With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	Subject date of birth Leave blank if unknown.
	If the subject did not submit to any ECW warning types, leave blank	(If 0, enter 0 and skip to question 11)	(If 0, enter 0 and skip to question 12)			mm/dd/yyyy
EX	No	0	2	Male	White	05/10/1965
EX		1	0	Male	White	05/10/1965
EX	Yes	0	0	Female	American Indian/Alaska Native	12/01/1943
01	Yes			Male	Hispanic or Latii	02/26/1998
02	No	1	2	Male	Black	04/08/1980
03	No	1	1	Male	Black	12/01/1980
04	Yes			Male	Hispanic or Latii	01/23/1992
05	Yes			Male	White	09/04/1975
06	No		1	Male	Black	10/17/1976
07	Yes			Female	White	04/10/1988
08	No			Male	White	02/25/1992
09	Yes			Male	Hispanic or Latii	04/04/1979
10						
11						